

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS					
FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	DEP.	IND.	DEP.	IND.	
					51
					52
					53
					54
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					95
					96
					97
					98
					99
					100
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS